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Notice of Independent Review Decision

Case Number: ***Date of Notice:*** 11/16/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Lumbar Spine Surgery: L3-L4 Extreme Lateral Interbody Fusion (XLIF), Posterolateral Fusion (PLF), and Exploration of L4-S1 Fusion (SLIF with Lateral Approach)

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☑ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Information Provided to the IRO for Review:

Patient Clinical History (Summary)

The patient is a male who was injured on XX/XX/XX. The patient has been followed for a history of low back pain radiating to the lower extremities left moreso than right. The patient is noted to have had a prior L4 through S1 spinal fusion which provided years of relief. The patient had been treated with medications to include Norco, gabapentin, and ibuprofen for pain. Recent radiographs of the lumbar spine from 03/06/15 noted a prior fusion from L4 through S1 to include laminectomy at L4-5. There were degenerative changes at L3-4 with decreased disc space height and anterior osteophyte formation. No instability on flexion/extension views were noted. The patient had CT myelogram studies of the lumbar spine completed on 09/08/14 which noted mild degenerative changes at L3-4 to include facet hypertrophy contributing to severe central stenosis. The extent of the stenosis limited caudal extension of the contrast to the lower levels. Electrodiagnostic studies completed by XXX on 05/02/15 noted evidence for a chronic left L5-S1 radiculopathy. The patient continued to see XX for persistent complaints of pain in the lower extremities. The patient reported some relief with these symptoms utilizing a spinal cord stimulator. The patient reported an increase in medication use due to an increase in symptoms. A majority of the patient's pain was in the low back. The 08/17/15 physical examination noted 2+ and symmetric reflexes 1-2+ in symmetric reflexes noted 1+ reflexes in the Achilles with some weakness on great toe extension and foot eversion. Diminished sensation in the lower extremities was noted up here there was tenderness in the lumbar paraspinal musculature. The requested surgical procedures were denied on 09/22/15 as there had been no recent trial of physical therapy or epidural steroid injections and there was no discussion regarding the topic of discectomy at L3-4. The request was again denied by xxxx on 10/19/15 as there was no evidence for spondylolisthesis repeat decompression or revision procedures at any of the requested levels.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient has been followed for persistent complaints of low back pain radiating to the lower extremities. The patient's most recent physical examination findings from XXX were from August 2015 which noted findings for chronic L5 radiculopathy which would be consistent with provided electrodiagnostic studies. The patient's most recent imaging was from March of 2015 which found no motion segment instability at L3-4 and associated degenerative changes. No repeat advanced studies to include MRI or CT were available for

review for 2015 noting any other findings that would support surgical intervention at L3-4. There was also no evidence for complications of the hardware or fusion graft from L4 through S1 to support exploration procedures. Lastly there were no updated clinical evaluations for this patient after August 2015 to further support surgical intervention. Due to these clinical findings due to these limited clinical findings, it is this reviewer's opinion that medical necessity for request has not been established and the prior denials remain upheld

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)